MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (210-m)

Reg. Dist. No. 166

07042

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Garrett

(b) City or town Crellin, Maryland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Garrett

(c) City or town Crellin, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jesse Grant A shby

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Child

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May. 19. 1933

8. AGE: Years 6 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Nr. Crellin, Md. (Town, county, and state)

10. Usual occupation Child

11. Industry or business

FATHER

12. Name Iret Ashby

13. Birthplace Nr. Crellin, Maryland.

MOTHER

14. Maiden Name Ruth Jeannette Hutchinson

15. Birthplace O'Neil, Nebraska.

16 (a) Informant E. Grant Hutchinson

(b) Address Morgantown, W.VA.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Ashby Cemetery

Location Nr. Crellin, Md.

18 (a) Funeral director Emroy D. Bolden

(b) Address Oakland, Md.

19 (a) July 9, (Date rec'd by registrar) (b) Julia Rowan Local Registrar

MEDICAL CERTIFICATION

20. Date of death July, 8, 1939 at 7-20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from ** 19 , to ** 19 , and that I last saw him alive on ** 19 .

Immediate cause of death	Duration
Fractured Skull	
Internal Injuries	Instant
Due to	
Due to Accident, struck by truck	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy See reverse side

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence July 8, 1939 7:20 P.M.

(c) Where did injury occur? Near Crellin, Md. (City or town) (County) (State)

(d) Did injury occur about home, farm, industrial place, in public place? Public highway (Specify type of place) While at work? No

(e) Means of injury Struck by truck

23. Signature N. I. Brandwater M.D. (Name of other)

Deputy Medical Examiner

Address Oakland, Md. Date signed 7/9/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

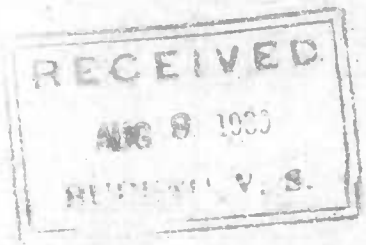
Jesse Grant Ashby--

He with mother were alighting from bus, father on oppisite side of road waiting for them. Child apparently ran from mother to meet father, Thuck coming in opposite direction, apparently at moderate speed,struck child

Abrasions and lacerations over entire body, skull fractured and two large lacerations over left abdomen, intestines protruding. Death Instant

Case handed to States Attorney

H. L. Brownell M.D.
Deputy Medical Examiner



MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-8) Reg. Dist. No. 166

CERTIFICATE OF DEATH

07041

1. PLACE OF DEATH:
(a) County Garrett
(b) City or town Rural - Swanton, Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in this community (yrs., mos., or days) 27 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Garrett
(c) City or town (Rural) Swanton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 mi. West Swanton, Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) **FULL NAME** James Mathew Bowers

3 (b) If veteran, name war ✓ | 3 (c) Social Security No. ✓

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma (Riley) Bowers

6. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1878

8. AGE: Years 60 | Months 6 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Oakland, Garrett Co., Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER
12. Name Jack Bowers
13. Birthplace Virginia

MOTHER
14. Maiden Name Martha Sigler
15. Birthplace Barton, Md.

16 (a) Informant Paul Bowers
(b) Address Swanton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 1939 (month) (day) (year)
(c) Cemetery or crematory White Church
Location 5 Mi So Oakland, Md.

18 (a) Funeral director Herbert C. Leighton
(b) Address Oakland, Md.

19 (a) July 5 1939 (Date rec'd by registrar) (b) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. Date of death July 4 1939, at 8:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1936, to June 1939, and that I last saw him alive on June 26 1939.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Chronic Myocarditis	1938
Due to Arteriosclerosis & Hypertension	1936
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph Colasuonello M. D. or other
Address Kitzmiller, Md. Date signed July 5-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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AUG 8 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07043

1. PLACE OF DEATH

(183)

County GARRETT Registration Dist. No. 166

Village or City OAKLAND, MD. (Near) No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME THOMAS RYAN CLARK. If U. S. Veteran, specify WAR

(a) Residence: No. VINDEX, M D. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) JULY 6th, 1927.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) GARRETT COUNTY, M D.
(State or country)

FATHER

13. NAME JAMES CLARK.

14. BIRTHPLACE (city or town) PA.
(State or country)

MOTHER

15. MAIDEN NAME BESSIE BEAMAN.

16. BIRTHPLACE (city or town) MARYLAND.
(State or country)

17. INFORMANT JAMES CLARK.
(Address) VINDEX, MD.

18. BURIAL, CREMATION, OR REMOVAL
Place ELK GARDEN CEM. Date AUG. 2d, 39

19. UNDERTAKER EMROY D. BOLDEN.
(Address) OAKLAND, MD.

20. Filed Aug. 4, 1939 Julia Rowan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
JULY (Month) 30th, (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ——— 19—, to ——— 19—

I last saw h— alive on ——— 19—; death is said to have occurred on the date stated above, at 3:30 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Drowning, Accidental	
Coma	

Other Contributory Causes of importance:

Name of operation Date of

Whet test confirmed diegnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/30/39
Where did injury occur? Deep Creek Lake
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Public Place
Manner of injury Drowning
Nature of Injury

24. Was disease or injury in any wey related to occupation of deceased?
If so, specify
(Signed) N. J. Broadwater M.D. Deputy Medical Examiner M. D.
(Address) Oakland, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 8 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Several families on a picnic at deep Creek Lake, Thomas Ryan Clark waded to a stump and climbed on, stood on stump and fell backwards in water. Accident occurred about 3:30 P. M. body recovered 5:15 P.M. July 30, 1939

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 162

07044

CERTIFICATE OF DEATH

(8)

1. PLACE OF DEATH:

(a) County Garrett Co

(b) City or town Precipitated in Auto
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Garrett

(c) City or town McHenry
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Ferguson

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9 - 1939

8. AGE: Years | Months | Days | If less than one day Still born hr. min.

9. Birthplace Garrett Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Gideon John Ferguson
13. Birthplace Friendsville Md

MOTHER
14. Maiden Name Flossie Gustava Fearer
15. Birthplace Friendsville Md

16 (a) Informant Flossie Ferguson (From Birth certificate)
(b) Address McHenry Md

17 (a) (Burial, cremation, or removal) (b) Date thereof July 9 1939 (month) (day) (year)

(c) Cemetery or crematory Destroyed at Memorial Hospital
Location Cumberland, Md.

18 (a) Funeral director —
(b) Address —

19 (a) Aug 10 - 39 (Date rec'd by registrar) (b) 67 + Bill Registrar

MEDICAL CERTIFICATION

20. Date of death July 9 1939, at 5:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1939, to July 9 1939 and that I last saw him alive on still born

Immediate cause of death Intrauterine Asphyxia — Duration 1-9-39

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Arthur F. Jones M.D.
M. D. or other

Address 40 N. Liberty St. Date signed 7-9-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-0)

07045

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:
County Garrett
City or town Selbysport
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Frazee

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1856

8. AGE: Years 82 | Months 10 | Days 14 | If less than one day hrs. min.

9. Birthplace Selbysport, Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Jonathan Frazee
13. Birthplace Selbysport, Md.

MOTHER 14. Maiden name Elizabeth Frazee
15. Birthplace Selbysport, Md.

16. Informant Nathaniel Frazee
Address Selbysport, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 11, 1939 (month) (day) (year)
Cemetery or crematory Frazee Ridge Cem.
Location Selbysport

18. Funeral director E. D. Harvell
Address Braddock, West Va.

19. July 10, 1939 (Date rec'd by registrar) Jeannette Slates Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1939, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22 1938 to July 9th 1939, and that I last saw him alive on Oct 28 1938.

Immediate cause of death Coronal Thrombosis — DURATION 1939 2 days

Due to Arteriosclerosis — DURATION 10 yrs

Due to age

Other conditions

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did Injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury — Injured at work?

23. SIGNATURE H. C. Medrow M.D.
M. D. or other

Address Friendsville Md. Date signed 7/10/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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07046

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:

County: Garrett Co

City or town: Asher Glade
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State ____ County ____

City or town ____ Ward No. ____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME: Julia Ann Frey

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ____

6(c) If alive, give age ~~78~~ years

7. Birth date of deceased (mo., day, yr.): Sept. 4, 1861

8. AGE: Years: 78 | Months: 10 | Days: 20 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: House work

11. Industry or business

FATHER
12. Name: Frey
13. Birthplace: Md

MOTHER
14. Maiden name: Malinda Frey
15. Birthplace: Md

16. Informant: Clyde Fike
Address: Friendsville Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 7-26-39 (month) (day) (year)

Cemetery or crematory: Near Asher Glade

Location: farm

18. Funeral director: W W Savage
Address: Friendsville Md

19. 7-25 1939
(Date rec'd by registrar)
Jeannette Statler
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 24 1939, at 4 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10, 1937, to July 23, 1939, and that I last saw her alive on July 23 1939.

Immediate cause of death: (131) Chronic Nephritis

DURATION: Unknown

Due to ____

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Albert J. Long Lane, M.D.
M. D. or other

Address: Somerfield, Pa. Date signed: July 24, 1939

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (166)

Reg. Dist. No. 16

CERTIFICATE OF DEATH

07047

1. PLACE OF DEATH

(a) County Garrett

(b) City or town Deep Creek Lake Oakland, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓

(e) Length of stay in this community (yrs., mos., or days) 31 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED

(a) State Md. (b) County Garrett

(c) City or town Mt. Lake Park, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. ✓ (If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Noah Frances Gnegy

3 (b) If veteran, name war No

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ellen Moomaw Gnegy

6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1883

8. AGE: Years 55 Months 6 Days 21 If less than one day ____ hr. ____ min.

9. Birthplace Chase Co., Kansas (Town, county, and state)

10. Usual occupation Stone Mason

11. Industry or business General

FATHER

12. Name Joel Gnegy

13. Birthplace Garrett Co., Md.

MOTHER

14. Maiden Name Jennie

15. Birthplace Wooster, Ohio

16 (a) Informant Mrs. Ellen Gnegy

(b) Address Mt. Lake Park, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26, 1939 (month) (day) (year)

(c) Cemetery or crematory Pleasant Valley

Location 3 Miles So. Oakland, Md.

18 (a) Funeral director Herbert C. Leighton

(b) Address Oakland, Md.

19 (a) 7/25/1939 (Date rec'd by registrar) (b) Julia Rowan Lord Registrar

MEDICAL CERTIFICATION

20. Date of death July 12, 1939, at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from ------ 19__, to ------ 19__, and that I last saw him alive on ------ 19__.

Immediate cause of death: Suicide by drowning

Due to Premeditated

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Suicide

(b) Date of occurrence July 12, 1939

(c) Where did injury occur? Deep Creek Lake (City or town) Garrett County (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public Place (Specify type of place) While at work?

(e) Means of injury Drowning

23. Signature N. I. Broadwater M.D. (M. D. or other)

Deputy Medical Examiner

Address Oakland, Md. Date signed 7/25/39

VS. A15 (T) MARGIN RESERVED FOR BINDING (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Noah F. Gnegy left his home about 1:00 A. M. July 12, 1939 and was found in Deep Creek Lake 5:30 P. M. July 24, 1939 Deep Creek Lake is about 12 miles from Mt. Lake Park by State road. His watch stopped at 4:33 .

No evidence of external injuries.

Autopsy July 25th 1939 10:00 A. M.(With body in very poor state) showed no abnormalities.

RECEIVED
AUG 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (12-a)

Reg. Dist. No. 166

CERTIFICATE OF DEATH

07048

1. PLACE OF DEATH:

(a) County Garrett

(b) City or town Mt. Lake Park Maryland.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15yrs.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Garrett

(c) City or town Deer Park R.D.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** William Riley Gregg

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Mary Virginia Gregg

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October, 2, 1855

8. AGE: Years	Months	Days	If less than one day
83	9	6	hr. min.

9. Birthplace Tyler Co. W.VA.
(Town, county, and atate)

10. Usual occupation Retired Jobber

11. Industry or business

FATHER 12. Name Thomas Gregg

13. Birthplace Tyler. Co. W.VA.

MOTHER 14. Maiden Name Martha Sprout

15. Birthplace Tyler Co. W.VA.

16 (a) Informant Guy F. Gregg

(b) Address Deer Park Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July, 10, 1939 (month) (day) (year)

(c) Cemetery or [illegible] Deer Park Md.

Location

18 (a) Funeral director Emroy D. Bolden

(b) Address Oakland. Md.

19 (a) July, 9, (Date rec'd by registrar) (b) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. Date of death July, 8, 1939 at 7-P.M. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20 1939, to July 2 1939, and that I last saw him alive on July 2 1939.

Immediate cause of death	Duration
Cerebral abdominal hemorrhage	
Due to Head injury from fall	
Due to	
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence March 2, 1939

(c) Where did injury occur? Md. Lake Park, Harrett, Md.
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —

(e) Means of injury Fall; struck head.

23. Signature Clyde P. Berge M.D.
M. D. or other

Address Oakland, Md. Date signed July 9, 1939

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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AUG 8 1939
BUREAU V. S.

07049

STATE OF MARYLAND—CERTIFICATE OF DEATH

(173)

1. PLACE OF DEATH

County Garrett — Registration Dist. No. 172

Village or City Vindex — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Floyd Earl Harvey — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. (Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 10, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	53	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Coal Miner

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ____ — 11. Total time (years) spent in this occupation ____

78 & 2

12. BIRTHPLACE (city or town) (State or country) Vinton County, Ohio

FATHER

13. NAME Mesach Harvey

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Margaret Shiner

16. BIRTHPLACE (city or town) (State or country) Meigs County, Ohio

17. INFORMANT William Harvey (Address) Altamont, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Harry Curtis Near Vindex Date 7/8, 1939

19. UNDERTAKER Otha F. Sharpless (Address) Blaine, W. Va.

20. FILED 7/8, 1939 A W Barrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 4th 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__

I last saw him alive on ____, 19__; death is said to have occurred on the date stated above, at 9:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Shot in back of head with Shot gun (Instant death)	7/4/39

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Homicide Date of Injury 7/4/39

Where did injury occur? Vindex, Garrett County, Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. In Home

Manner of Injury Shot with Shot Gun

Nature of injury Shot in back of head

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) N. I. Broadwater M. D.

(Address) Deputy Medical Examiner Oakland, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

At time of shooting Mr. Floyd Earl Harvey was sitting at table eating supper with Mrs. Ada M. Cooper, Vindex, Md. And as stated by Mrs. Cooper, about 9:00 P. M. some one shot through the screen of a back window. The concussion extinguishing the light and Mr Harvey fell to the floor. Case placed in the hands of States Attorney

N. J. Broadwater M.D. Virginia Medical Examiner

07050

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 172

MARGIN RESERVED FOR BINDING

WRITE ONLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

M. E.---Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

V. S. No. 1.

1 PLACE OF DEATH

County Garrett

Village or City Kitzmiller (No. ; St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Alberta Hinebaugh

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6 DATE OF BIRTH June 14, 1865 (Month) (Day) (Year)

7 AGE 74 yrs. 0 mos. 22 ds. If LESS than 1 day hrs. or min.

8 OCCUPATION
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry business, or establishment in which employed or (employer) Own home

9 BIRTHPLACE (State or country) Oakland, Md.

PARENTS

10 NAME OF FATHER Abraham Lee

11 BIRTHPLACE OF FATHER (State or country) Garrett Co, Md.

12 MAIDEN NAME OF MOTHER Susan Kemp

13 BIRTHPLACE OF MOTHER (State or country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Fitzwalters

(Address) Junior, W. Va

15 Filed 7/8 1939 A. M. Barrick Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 7 - 6, 1939 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb. 1936 to July 6, 1939, that I last saw h[illegible] alive on July 6, 1939, and that death occurred on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH * was as follows:

Acute Myocarditis
Auricular Fibrillation
Hypertension

(Duration) yrs. 6 mos. da.

Contributory Secondary Influenza

(Duration) yrs. mos. da.

(Signed) Ralph Calandella M. D.

July 7 1939 (Address) Kitzmiller, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death .... yrs. .... mos. .... da. In the State, ... yrs. .... mos. .... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
I.O.O.F. Cemetery Elk Garden, W Va	7-8, 1939
20 UNDERTAKER	ADDRESS
O. F. Sharples	Blaine, W Va

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S No. 1.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

07051

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (9)

County Garrett Registration Dist. No. 162

Village or City Jennings No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Allen Hoover

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 13 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Simon Ray Hoover

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Carrie Isabella Hare

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Simon R. Hoover (Address) Jennings

18. BURIAL, CREMATION, OR REMOVAL Place Simons Ferry Cem Date July 27, 1939

19. UNDERTAKER Walter C. Welburn (Address) Jennings

20. FILED July 26, 1939 C. H. Bill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1939, to July 26, 1939

I last saw him alive on July 26, 1939; death is said to have occurred on the date stated above at 10 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	7 days
Other Contributory Causes of importance: Whooping Cough	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. R. Davis M. D.

(Address) Grantsville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07052

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (92a)

County Garrett — Registration Dist. No. 161

Village or City Friendsville, Md. — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Hiram Humberson — if U. S. Veteran, specify WAR ____

(a) Residence: No. Friendsville, Md. St., ____ Ward. ____
(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Humberson

6. DATE OF BIRTH (month, day, and year) June 22, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	81	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ____ — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Friendsville, Md

FATHER

13. NAME Noah Humberson

14. BIRTHPLACE (city or town) (State or country) Frostburg, Md.

MOTHER

15. MAIDEN NAME Mary Jane Boyer Humberson

16. BIRTHPLACE (city or town) (State or country) Garrett Co. Md.

17. INFORMANT (Address) Catherine Humberson Friendsville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Humberson Cemetery Date July 31, 1939

19. UNDERTAKER (Address) A. F. Collins Terra Alta. W.Va.

20. FILED 7-31, 1939 Jeannette Statler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 1936, to July, 1939

I last saw ~~him~~ alive on July 14, 1939; death is said to have occurred on the date stated above, at 11.15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary occlusion	July 1939
Cerebral imbalus	May 1939

Other Contributory Causes of importance:

arteriosclerosis	oct 1928
Paralysis on left side	march 1939
Mitral regurgitation	

Name of operation — Date of —

What last confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19__

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. C. Medrone M. D.

(Address) Friendsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 4 1933
BUR. OF V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-A) Reg. Dist. No. 16.6

CERTIFICATE OF DEATH

07053

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Garratt

(b) City or town Crellin. Maryland. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 2 Yes.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State West Va. (b) County Monongalis

(c) City or town Morgantown. W. VA. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rev. E. Grant Hutchinson Sr.

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sarah Jane Greear Hutchinson

Dead

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May, 29, 1866

8. AGE: Years 73 | Months 1 | Days 19 | If less than one day ____hr. ____min.

9. Birthplace Wise. Va. (Town, county, and state)

10. Usual occupation Minister

11. Industry or business

FATHER 12. Name Francis Hutchinson

13. Birthplace Wise. Va.

MOTHER 14. Maiden Name Matilda, ?

15. Birthplace Unknown

16 (a) Informant E. Grant Hutchinson Jr.

(b) Address Morgantown. W.VA.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July, 21, 1939 (month) (day) (year)

(c) Cemetery or crematory Ashby Cemetery

Location Nr. Crellin. Md.

18 (a) Funeral director P.R. Watson

(b) Address Terra Alta. W.VA.

19 (a) July, 19, 1939 (Date rec'd by registrar) (b) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. Date of death July, 18th. 1939, at 2, A.M. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 19____, to July, 18 19 39, and that I last saw him alive on July, 15, 19 39

Immediate cause of death Arteriosclerosis with Hypotension & cercbral vascular accidents (probably thrombosis

Partial Paralysis 5-Yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harold C. Miller M. D. or other

Address Elon, Va. Date signed 7/19/39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

07054

Reg. Dist. No. 161

Friendsville

1. PLACE OF DEATH:

County Garrett

City or town (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary E. Kerling

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Wht.	Married

6 (b) Name of husband or wife John H. Kerling

6(c) If alive, give age 90 years

7. Birth date of deceased (mo., day, yr.) 1862. May 22

8. AGE:

Years	Months	Days	If less than one day
77	1	22	____ hrs. ____ min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER — 12. Name John Shipman

13. Birthplace Md

MOTHER — 14. Maiden name Carrie McFadden

15. Birthplace Md

16. Informant John H. Kerling

Address Friendsville Md

17. (Burial, ~~cremation, or removal~~. Which?) Date thereof July 16 39
(month) (day) (year)

Cemetery or crematory Friendsville Md

Location Friendsville Md

18. Funeral director W. H. Savage

Address Friendsville Md

19. 7-15 1939 Jeannette Statler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1939, at 3:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 14 1939, to July 13 1939, and that I last saw h[illegible] alive on July 13 1939

Immediate cause of death	DURATION
Chronic diffuse Glomerulo-nephritis	2 yrs.
Uremic coma	6 days.
Due to	
Due to	
Other conditions Generalized arteriosclerosis + Hypertension	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eugene Greenwald MD
M. D. or other

Address Friendsville, Md Date signed 7-15-39

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING (I)

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07055

1. PLACE OF DEATH (8)

County Garrett Registration Dist. No. 172

Village or City Vindex No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Janet Kitzmiller If U. S. Veteran, specify WAR

(a) Residence No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 19, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vindex (State or country) Maryland

FATHER

13. NAME Roy Franklin Kitzmiller

14. BIRTHPLACE (city or town) Bayard W. Va. (State or country)

MOTHER

15. MAIDEN NAME Helen David Comp

16. BIRTHPLACE (city or town) Vindex (State or country) Md

17. INFORMANT Roy F. Kitzmiller (Address) Vindex, Md

18. BURIAL, CREMATION, OR REMOVAL Garrett Memorial Place near Vindex, Md Date 7-20, 1939

19. UNDERTAKER Otho F. Sharpless (Address) Elaine, W. Va

20. FILED 7/20, 1939 Alice Garrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7- (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw Still Born Baby alive on ; death is said to have occurred on the date stated above, at 6 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Premature separation of Placenta	

Other Contributary Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Phys. Exam Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. R. Linn M. D.

(Address) Kitzmiller Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAR 21 1928
BUREAU V. S.

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (36)

07056

CERTIFICATE OF DEATH

Reg. Dist. No. 16-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Rural No 1 grantsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 9-9-11

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Garrett
City or town Rural No 1 grantsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Violet Kyle

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4-1922

8. AGE: Years	Months	Days	If less than one day
16	9	1	hrs. min.

9. Birthplace Oakland Garrett Co Md (Town, county, and state)
10. Usual occupation house work
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden name Unknown
15. Birthplace " " "

18. Informant Jim Miller
Address grantsville Md

17. Burial Date thereof 7-8-39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Maple Glenn
Location Near grantsville

18. Funeral director Wm Winterberg
Address grantsville Md

19. July 8 1939 C T Hill
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5 1939, at 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JULY 2 1939, to JULY 5 1939, and that I last saw her alive on JULY 5 1939.

Immediate cause of death	DURATION
Acute rheumatic endocarditis	7-1-39
Due to	
Rheumatic fever	1935
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J H Hoke Jr M.D.
M. D. or other
Address SALISBURY PA Date signed 7-7-39

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AUG 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (220) Reg. Dist. No. 166

CERTIFICATE OF DEATH

07057

VS. A15 — MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County: Garrett
(b) City or town: Oakland, Maryland. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in this community (yrs., mos., or days): 3 months

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State: Md (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3209 Belmont St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Matthew Thomas Maroney.

3 (b) If veteran, name war:
3 (c) Social Security No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	widowed.

6 (b) Name of husband or wife: Mary Agnes Maroney
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov. 10th, 1879

8. AGE: Years	Months	Days	If less than one day
60	8	14	____ hr. ____ min.

9. Birthplace: Oakland, Maryland. (Town, county, and state)
10. Usual occupation: Blacksmith, B. & O.
11. Industry or business:

FATHER
12. Name: Michael Maroney.
13. Birthplace: Tipperary, Ireland.

MOTHER
14. Maiden Name: Bridget Keffe.
15. Birthplace: Dublin, Ireland.

16 (a) Informant: P. R. Maroney.
(b) Address: Oakland, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July, 26, 1939 (month) (day) (year)
(c) Cemetery or crematory
Location: Oakland, Maryland.

18 (a) Funeral director: Emroy D. Bolden
(b) Address: Oakland, Maryland.

19 (a) 7/25/1939 (Date rec'd by registrar) (b) Julian Lowe Registrar

MEDICAL CERTIFICATION

20. Date of death: July 24th 1939 at 5:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7, 1939, to July 24 1939, and that I last saw him alive on June 23 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: M. J. Broadwater M. D. or other
Address: Oakland Md Date signed: 7/24/39

RECEIVED
AUG 8 1939
BUREAU V. S.

07058

STATE OF MARYLAND
CERTIFICATE OF DEATH

(92-a)

Registration Dist. No. 167

1 PLACE OF DEATH

County Garett

Village or City Oakland Md (No. ..... St.: ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bertha Virginia MARTIN

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

6 DATE OF BIRTH: March 18 (Month) (Day), 1886 (Year)

7 AGE: 53 yrs. 13 mos. 29 ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business, or establishment in which employed or (employer) .....

9 BIRTHPLACE (State or country): Red House, Md.

PARENTS

10 NAME OF FATHER: Adam Simmons

11 BIRTHPLACE OF FATHER (State or country): Eglon, West Va.

12 MAIDEN NAME OF MOTHER: Susan Wolfe

13 BIRTHPLACE OF MOTHER (State or country): Red House, Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W.C.Martin

(Address) Oakland, Md. R.F.D.#2

15 Filed 7-18 1939 Elmer C Shaffer Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 17 (Month) 1939 (Day), 192 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 4-26- 1939 to 7-17- 1939, that I last saw her alive on 7-16- 1939 and that death occured on the date stated above, at 6 P. m.

The CAUSE OF DEATH * was as follows: Pulmonary Heart Tumor Telemetric Interstitial Nephritis, [illegible] (Duration) ..... yrs. ..... mos. ..... ds.

Contributory Secondary .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward E Fallers M. D.

7-18- 1939 (Address) Kempton W Va

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Red House, Md.

DATE OF BURIAL: July 20, 1939

20 UNDERTAKER: J.D.D.Duncan

ADDRESS: Thomas, W.Va.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman.* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return 'Laborer,' "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,,* etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED AUG 1939 BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(117-a)

07059

CERTIFICATE OF DEATH

Reg. Dist. No. 163

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Swanton R D 2
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Garrett

City or town Rural 2 Swanton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry Pool Murphey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Harriett Murphey

6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) July 19 - 1871

8. AGE: Years	Months	Days	If less than one day
67	11	12	hrs. min.

9. Birthplace Dekalb - Hampshire Co. W Va
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John Murphy

FATHER 13. Birthplace Hampshire Co W Va

MOTHER 14. Maiden name Rhoda A Murphy

MOTHER 15. Birthplace Hampshire Co W Va

16. Informant Mrs Harriett Murphy

Address Swanton R D 2

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-4-1939 (month) (day) (year)

Cemetery ~~or crematory~~ Murphey Cemetary

Location Swanton R D 2

18. Funeral director Wm Whitebay

Address Grantsville Md

19. July 1 1939 (Date rec'd by registrar) Dorcas Pattison Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1939, at 4:20 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1937, to July 1 1939, and that I last saw him alive on July 1 1939

Immediate cause of death	DURATION
Acute Myocarditis	June 24
Due to Arteriosclerosis	
Due to	
Other conditions Gastric ulcer	14 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F E Berry M. D. or other

Address Piedmont W. Va Date signed 7/1/39

RECEIVED
AUG 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a) Reg. Dist. No. 166

07060

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County G ARRETT

(b) City or town DEEP CREEK LAKE, MD.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Penn (b) County

(c) City or town Indian Head.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years ✓

3 (a) FULL NAME CORA PASTORIOUS.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. WIDOW

6 (b) Name of husband or wife GEORGE PASTORIOUS

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DECEMBER 25th, 1878.

8. AGE: Years 60 | Months 7 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace PENN.
(Town, county, and state)

10. Usual occupation HOUSE WIFE.

11. Industry or business OWN HOME.

FATHER
12. Name ADAM MAUST.
13. Birthplace WEST VIRGINIA.

MOTHER
14. Maiden Name MARILLA SISTON
15. Birthplace PENN.

16 (a) Informant Clyde Brooks
(b) Address Inddan, Head. Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JULY 31, (month) (day) (year)

(c) Cemetery or crematory

Location FAIRCHANCE, Penn.

18 (a) Funeral director CLYDE BROOKS.

(b) Address INDIAN HEAD? PA.

19 (a) July. 28. 1939 (Date rec'd by registrar) (b) Julia Rowan Loise Registrar

MEDICAL CERTIFICATION

20. Date of death July 27th 1939, at 11:00P.M

21. I certify that death occurred on the date above stated; that I attended deceased ~~from~~ July 27 1939, to ____ 19__, and that I last saw him alive on deceased on arrival

Immediate cause of death Cerebral accident

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Durstion

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Clift P. Beyer, M.D. M. D. or other

Address Oakland, md. Date signed July 28, 1939

VS. A15

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AUG 8 1939
BUREAU V. S.